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☐ Debtor(s) appearing without an attorney

☒ Attorney for Debtor(s)

**United States Bankruptcy Court  
Central District of California - Riverside Division**

In re:  
Danielle Monique Immortal

CASE NO.:

CHAPTER: 7

**DECLARATION BY DEBTOR(S)  
AS TO WHETHER INCOME WAS RECEIVED  
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION  
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

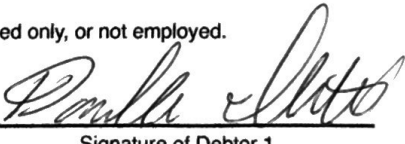
**During the 60-day period before the Petition Date** (*Check only ONE box below*):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 12/08/2023

Danielle Monique Immortal  
Printed name of Debtor 1

  
Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (*Check only ONE box below*):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_

Printed name of Debtor 2

Signature of Debtor 2

PAYLOC	FINANCE NO.	EMPLOYEE NAME	EMPLOYEE ID	PAY PERIOD	SERIAL NUMBER	LEAVE STATUS
000	05-6554	D M IMMORTAL	06243289	25 23	00066014	
DETAIL EARNINGS				GROSS TO NET		
WK	MSC/LEV	RATE	CODE	TYP	HOURS	PAY
2	0	0	2213	434	W	2219
2	0	0	2213	434	W	1178
2	0	0	2213	434	S	673
1	0	0	2213	434	W	4000
1	0	0	2213	434	O	1753
1	0	0	2213	434	N	10
1	0	0	2213	434	S	800
ADJ						500
INSURANCE INCOME						179
FLSA						5753
AL/DL FROM PRIOR APPT PD						672
				NET PAY	1607.78	NT BK
						0.00

PAYLOC	FINANCE NO.	EMPLOYEE NAME	EMPLOYEE ID	PAY PERIOD	SERIAL NUMBER	LEAVE STATUS
000	05-6554	D M IMMORTAL	06243289	25 23	00066014	
DETAIL EARNINGS				GROSS TO NET		
WK	MSC/LEV	RATE	CODE	TYP	HOURS	PAY
2	0	0	1983	844	V	430
2	0	0	1983	844	W	4000
2	0	0	1983	844	O	944
2	0	0	1983	844	N	553
1	0	0	1983	844	W	2400
1	0	0	1983	844	O	460
L						1300
GROSS PAY						211917
FED TAX MD						18192
ST TAX CASO						7017
WTRF						00
MEDICARE						3073
UN L						3377
HT200FAM						8700
HT200SLF						6900
SOSEC						13139
FLSA						5374
NET PAY						1515.19
						NT BK
						0.00

PAYLOC	FINANCE NO.	EMPLOYEE NAME	EMPLOYEE ID	PAY PERIOD	SERIAL NUMBER	LEAVE STATUS
000	05-6554	D M IMMORTAL	06243289	24 23	00064430	
DETAIL EARNINGS				GROSS TO NET		
WK	MSC/LEV	RATE	CODE	TYP	HOURS	PAY
2	0	0	1983	844	V	280
2	0	0	1983	844	W	3763
2	0	0	1983	844	O	413
2	0	0	1983	844	N	230
1	0	0	1983	844	V	09
1	0	0	1983	844	W	3917
1	0	0	1983	844	O	485
1	0	0	1983	844	N	09
GROSS PAY						11105
FED TAX MD						74620
ST TAX CASO						5619
WTRF						00
MEDICARE						2766
UN L						3377
HT200FAM						8700
HT200SLF						6900
SOSEC						11826
FLSA						8867
NET PAY						1359.06
						NT BK
						0.00

PAYLOC	FINANCE NO.	EMPLOYEE NAME	EMPLOYEE ID	PAY PERIOD	SERIAL NUMBER	LEAVE STATUS
000	05-6554	D M IMMORTAL	06243289	23 23	72002043	
DETAIL EARNINGS				GROSS TO NET		
WK	MSC/LEV	RATE	CODE	TYP	HOURS	PAY
2	0	0	1983	844	W	2380
2	0	0	1983	844	O	267
ADJ						1500
GROSS PAY						47195
FED TAX MD						7942
ST TAX CASO						00
WTRF						00
MEDICARE						800
UN L						3377
HT200FAM						8700
HT200SLF						5028
STATE						1963
FED						6544
MEDIC						431
SOSEC						1844
SOSEC						3418
FLSA						525.90
NET PAY						525.90
						NT BK
						0.00



000		05-6554		D M IMMORTAL			06243289		22 23		00066128	
PAYLOC		FINANCE NO.		EMPLOYEE NAME			EMPLOYEE ID		PAY PERIOD		SERIAL NUMBER	
DETAIL EARNINGS							GROSS TO NET				LEAVE STATUS	
WK	RSC/LEV	RATE	CODE	TYP	HOURS	PAY	THIS PERIOD		YEAR-TO-DATE		ANNUAL LEAVE(AL) CAT: 4.00	
2	Q 01	1983	844	W	16.00	317.28	GROSS PAY	1777.31	36876.70	AL PRIOR YR BAL 24.00		
2	Q 01	1983	844	O	2.49	74.07	FED TAX MO	140.89	2851.61	+ AL EARNED YTD 79.00		
1	Q 01	1983	844	V	1.5	5.95	ST TAX CASO	47.60	971.83	+ AL HOL EARNED YTD 0.00		
1	Q 01	1983	844	W	38.85	770.40	RETIRE	0.00	0.00	- AL USED YTD 88.00		
1	Q 01	1983	844	O	4.49	133.56	MEDICARE	25.77	534.71	= EARNED AL BAL 15.00		
1	Q 01	1983	844	N	1.1	13	UN L	33.77	742.94	+ AL ADVANCED 0.00		
				L	24.00	475.92	HT200FAM	87.00	1916.00	= AVAIL AL BAL 15.00		
							HT200SLF	69.00	1510.00	AL USED THIS PP 24.00		
							SOSEC	110.20	2286.36	SICK LEAVE(SL) CAT: 0.00		
										SL PRIOR YR BAL 0.00		
										+ SL EARNED YTD 0.00		
										- SL USED YTD 0.00		
										= CURRENT SL BAL 0.00		
										SL USED THIS PP 0.00		
										LEAVE WITHOUT PAY(LWOP)		
										PAY PERIOD LWOP 0.00		
										PP01 TO CURRENT PP 0.00		
		FLSA			43.49							
											USPS RETIREMENT	
NET PAY							1263.08		NT BK		0.00	

EARNINGS STATEMENT

PS FORM 1223-B, JUNE 1985

EARNINGS STATEMENT  
PS FORM 1223-8, JUNE 1985